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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | |
|----|---|----------------------------|------------------|----------------|---|-------------------------------|----------------|----------|----------|
| _ | Keating, William , Richard, , | | | | | | | | |
| | (b) Address (number and street) 10 Briarwood Lane | ☐ Check if address changed | | | Candidate's FEC Identification Number H0MA10082 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This No | ew | - A | Amended |
| | Monument Beach | | MA | 0255 | 3 | Statement (N |) OR | (. | A) |
| 4. | Party Affiliation | 5. Office Sough | nt | | 6. State & Distr | rict of Candidate | | | |
| | DEMOCRATIC PARTY | House | | | MA | 09 | | | |
| | DE | SIGNATIO | N OF PRI | INCIPAL | CAMPAIGN | N COMMITTEE | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | |
| | NOTE: This designation should be f | iled with the app | propriate office | ce listed in t | he instructions. | | | | |
| | (a) Name of Committee (in full) | | | | | | | | |
| | The Bill Keating Cor | nmittee | | | | | | | |
| | (b) Address (number and street) PO Box 3065 | | | | | | | | |
| | () 0: 0: 1710 0 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Buzzards Bay | | | | MA | 02532 | | | |
| 8. | I hereby authorize the following name candidacy. NOTE: This designation should be formula to the following name of Committee (in full) | ned committee, | which is NO | Γ my princip | | • | pend funds o | on beha | lf of my |
| | (b) Address (number and street) | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | I certify that I have exa | mined this State | ement and to | the best of | my knowledge a | nd belief it is true, correct | and comple | te. | |
| Si | gnature of Candidate | | | | | Date | | | |
| K | eating, William , R. , , | [Electronically Filed] | | | | 06/13/2017 | | | |
| N | OTE: Submission of false, erroneous, | or incomplete i | nformation m | nay subject t | he person signin | ng this Statement to penalt | ties of 2 U.S. | .C. §437 | 7g. |
| | | | | | | | | | |
| l | | | | | | | | | |

FEC FORM 2 (REV. 02/2009)

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F2N Transaction ID:

Donation received for \$1,500 from Boilermakers-Blacksmiths (LEAP) was incorrectly dated as 2/17/2016 instead of 2/17/2017.

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Page 3 | of | 3 |
|--------|----|---|
|--------|----|---|

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | (a) Name of Committee (in full) | | | | | | | |
| | FriendsGiving Committee | | | | | | | |
| | (b) Address (number and street) P.O. Box 1174 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Springfield VA 22151 | | | | | | | |
| 8. | hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on be candidacy. NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my | | | | | | | |
| | candidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |